

Name
in
Full

Annie J. Barnes

CERTIFICATE OF DEATH

MARYLAND

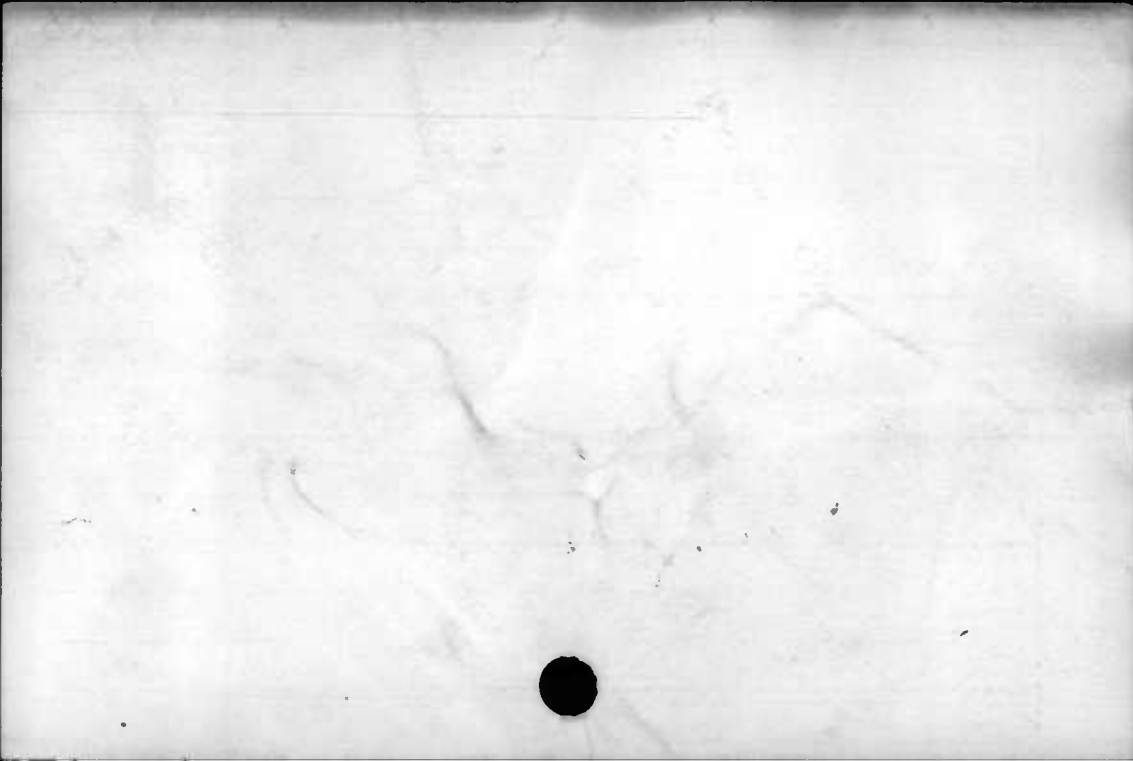
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		Months		Days	
1905		Oct		8		Age		37	
Sex		Color or Race		Birthplace					
Occupation		Where Residing if not at place of death							
Married, Single or Widowed		Name of Wife or Husband							
Father's Name		Father's Birthplace							
Mother's Maiden Name		Mother's Birthplace							
Name of person giving information		How related to deceased							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	27 yrs
Immediate	Influenza	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		D. Brooks 41300	
Accident or Suicide?		Undisturbed	



Name
in
Full

Charles Coats

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Chambersville</i>		County <i>Calvert</i>		MARYLAND	
Date of death		Month <i>5 Oct.</i>	Day <i>11</i>	Age	Years <i>48</i>	Months	Days
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Calvert Co. Md.</i>			
Occupation <i>Laborer</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mariah</i>					
Father's Name <i>Gilbert Coats</i>				Father's Birthplace			
Mother's Maiden Name <i>Mariah</i>				Mother's Birthplace <i>Calvert Co.</i>			
Name of person giving information <i>Marshall Harvey</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Tuberculosis of Lungs</i>	How long <i>8 mos.</i>
	Immediate	<i>Valvular Disease of Heart</i>	How long <i>8 mos.</i>
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Thos. M. Chaney,</i>
			Address <i>Chaney, Md.</i>
Accident or Suicide?			



Name
in
Full

Corney Rust Corbison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Irland</i> ^{Town}		<i>Calvert</i> ^{County}		32 ^{Age}		MARYLAND	
Date of death	190	Month	oct	Day	4	Years	
Sex	Female	Color or Race		Birth-place		Months	7
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		<i>Jackson Corbison</i>				Father's Birthplace	
Mother's Maiden Name		<i>Maria P. Carter</i>				Mother's Birthplace	
Name of person giving information		<i>Abel Corbison</i>				How related to deceased <i>Mother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Infantile debility</i>	How long	<i>Some Birth</i>
Immediate	<i>Inflammation</i>	How long	<i>2 months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>P. B. Bussan</i>	
		Address <i>Mutual</i>	
Accident or Suicide?			



Name
in
Full

Alberta Dowell

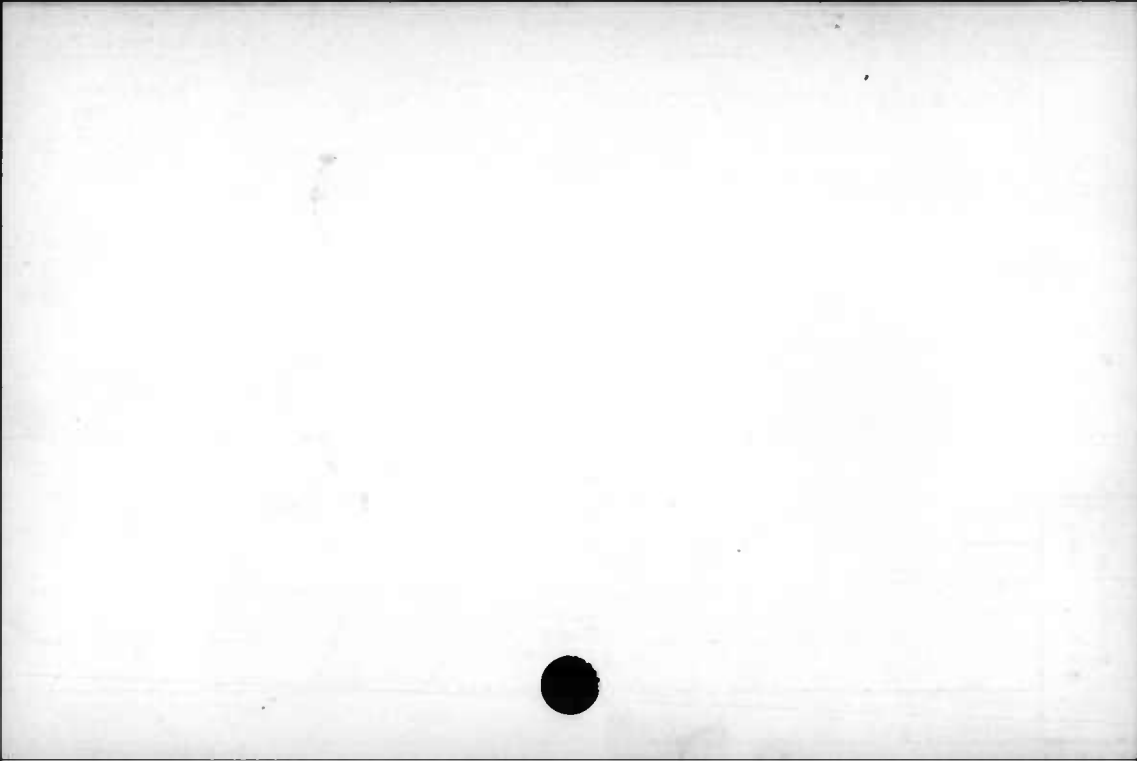
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Solomons		County Calvert		MARYLAND					
Date of death		Month 5 Oct		Day 8		Age Years 22		Months		Days	
Sex Female		Color or Race White		Birth- place Baltimore Md							
Occupation Housewife				Where Residing if not at place of death							
Married, Single or Widowed		Married		Name of Wife or Husband		Wilson W. Dowell					
Father's Name		Edward Werner				Father's Birthplace		Germany			
Mother's Maiden Name		Augusta Sherman				Mother's Birthplace		Germany			
Name of person giving In formation		Harry E Werner				How related to deceased		Brother			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Nephritis	How long	Unknown
	Immediate	Uremia	How long	16 hours
	Are the name, age, sex, color, date and place correctly given above?		Yes	
	Signature of Physician		Dr. F. Chambers MD	
		Address		Lusby, Calvert Co Md
		Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Huntingtown</i> ^{Town} <i>Cal. Co.</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	<i>Oct.</i> ^{Month}	<i>10</i> ^{Day}	<i>52</i> ^{Years}
Sex <i>Male</i>		Color or Race <i>Black</i>	Birth-place <i>Cal. Co.</i>
Occupation <i>Farmer</i>		Where Residing if not at place of death	
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Elizabeth Gault</i>		
Father's Name <i>Patrick Gault</i>	Father's Birthplace <i>Cal. Co.</i>		
Mother's Maiden Name <i>Rachel</i>	Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Thomas Gault</i>	How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Abscess of lung</i>	How long <i>3 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. W. Litch.</i>
	Address <i>Huntingtown, Md.</i>
Accident or Suicide?	



Name
in
Full

Rosetta Gray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Town Solomons

County Calvert

Date of death 1905 Oct

Day 15

Age Years 15

Months 11

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Calvert Co Md

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

William Gray

Father's
Birthplace

Calvert Co

Mother's
Maiden Name

Josephine Watts

Mother's
Birthplace

Calvert Co

Name of person giving
In formation

Auntie Gray

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Pneumonia

How long

3 weeks

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

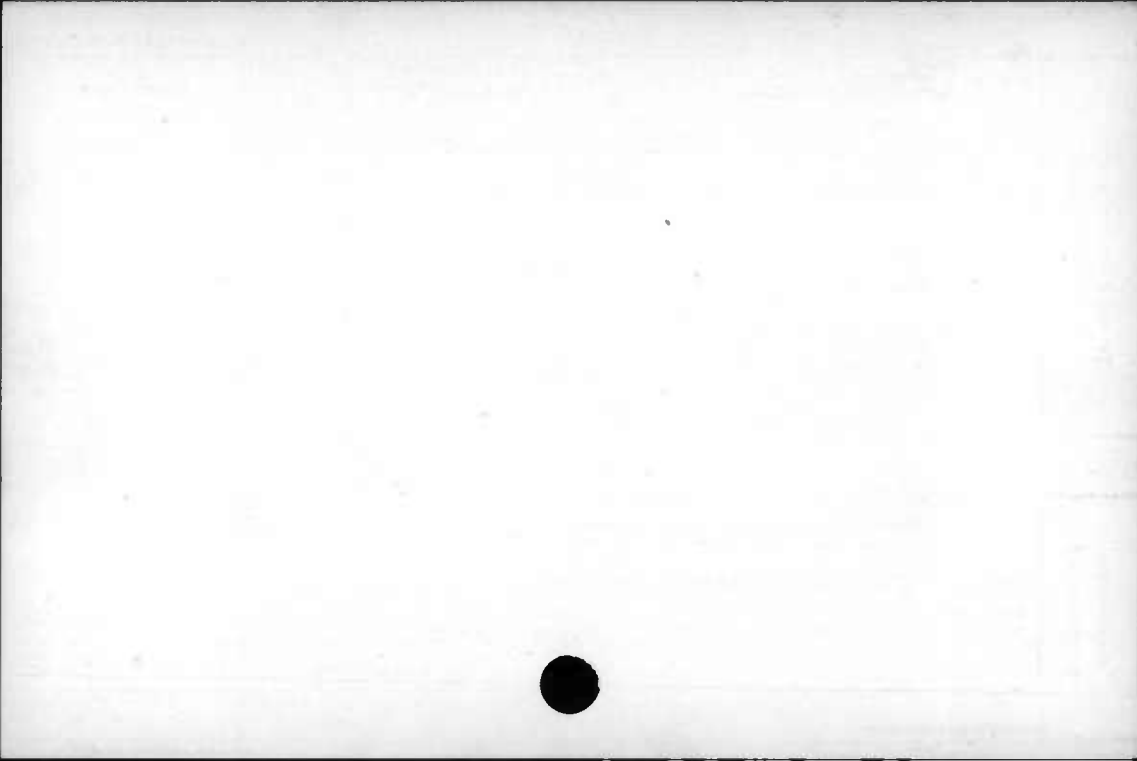
Signature of
Physician

Dr F Chambers M.D.

Address

Lusby Calvert Co

Accident or Suicide?



Name
in
Full

Sarah E. Gross

CERTIFICATE OF DEATH

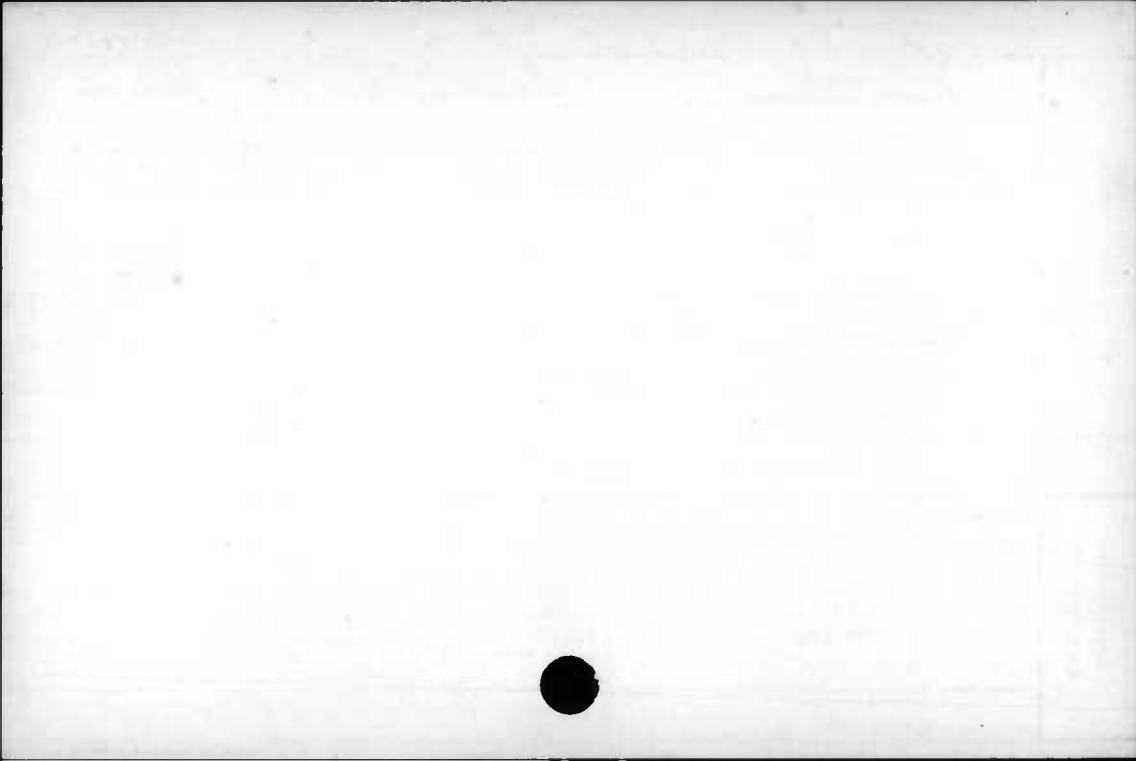
TO BE ANSWERED BY
NEAREST FRIEND

Died at Frager ^{Town}		Calvert ^{County}		MARYLAND	
Date of death	1905 ^{Month}	Oct ^{Day}	23 ^{Age}	2 ^{Years}	6 ^{Months}
Sex	Female		Color or Race	Colored	
Occupation	—		Birth-place Calvert Co md		
Where Residing if not at place of death					
Married, Single or Widowed	Single		Name of Wife or Husband —		
Father's Name	Charles F Gross			Father's Birthplace	Calvert Co
Mother's Maiden Name	Royella Sutton			Mother's Birthplace	Calvert Co
Name of person giving information	Charles F Gross			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Consumption	(✓)	How long	about 6 mo
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician Dr F Chambers md	
			Address Libby Calvert Co	
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Barton</i> <small>Town</small>		<i>Lealbert</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i> <small>Month</small> <i>Oct</i> <small>Day</small> <i>31</i> <small>Years</small> <i>Age</i> <i>20</i>		<i>Months</i>		<i>Days</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Lealbert Mo</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <i>Brook Hardisty</i>			
Father's Name <i>Fielder Rawlings</i>		Father's Birthplace <i>Leal Mo</i>			
Mother's Maiden Name <i>Bettie Rawlings</i>		Mother's Birthplace <i>Leal Mo</i>			
Name of person giving information		<i>(2)</i>		<input checked="" type="checkbox"/> How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of lung</i>	How long <i>21 Yrs</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. King</i>
	Address <i>Barton Md</i>
Accident or Suicide?	



Name
in
Full

Basil Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Traynor</i> ^{Town}		<i>Calvert</i> ^{County}		MARYLAND	
Date of death <i>1905 Oct</i> ^{Month}		<i>30</i> ^{Day}	Age <i>38</i> ^{Years}	Months	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Calvert Co</i>		
Occupation <i>Cyrtman</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Elizabeth Taylor</i>				
Father's Name <i>Albert Johnson</i>		Father's Birthplace <i>Calvert Co</i>			
Mother's Maiden Name <i>Rebecca Norfolk</i>		Mother's Birthplace <i>Calvert Co</i>			
Name of person giving information <i>Ben Fook</i>		How related to deceased <i>Brother-in-law</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Obstruction of Bowel</i>	How long <i>8 days</i>
Immediate <i>Prostration</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo F Chambers MD</i>
	Address <i>Lesby Calvert Co</i>
<i>Accident or Suicide?</i>	

1000
1000
1000
1000
1000

1000
1000
1000
1000
1000

1000

Name
in
Full

Ralph Elliott Parks

33
CERTIFICATE OF DEATH

MARYLAND

Died at *Parkers Mt.*

Town

Calvert

County

Date of death *1905 Oct*

Month

13

Day

Age *4*

Years

Months *3*

Days

Sex *male*Color or
Race*White*Birth-
place*Parkers Island, Md.*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Albert S. Parks*Father's
Birthplace*Somerset Co., Md.*Mother's
Maiden Name*Florence M. Elliott*Mother's
Birthplace*Calvert Co., "*Name of person giving
Information*Albert S. Parks*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Typhoid

How long

6 days

Immediate

Ordinary efforts

How long

*1 day*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*Phineas Busen*

Address

*Mt. Airy**2nd*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Alice Powell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Port Republic</i> ^{Town}		<i>Calvert</i> ^{County}		MARYLAND	
Date of death <i>1905 Oct</i> ^{Month}		<i>3</i> ^{Day}	<i>4</i> ^{Years}	<i>6</i> ^{Months}	<i></i> ^{Days}
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Calvert Co</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>J. Powell</i>			
Father's Name <i>—</i>		<i>Woods</i>		Father's Birthplace <i>Cal Co</i>	<i>Cal Co</i>
Mother's Maiden Name <i>Selena Woods</i>		<i>Woods</i>		Mother's Birthplace <i>Cal Co</i>	<i>Cal Co</i>
Name of person giving information <i>(V)</i>				How related to deceased <i>(V)</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of lungs</i>	How long <i>1 Yr</i>
Immediate <i>Exhaustion</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above?	
Signature of Physician <i>J. N. King</i>	
Address <i>Barstow Md</i>	
Accident or Suicide?	



Name in Full		Mrs. Anna Maria Talbott				CERTIFICATE OF DEATH 34 MARYLAND		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Port Republic		County calvert		
		Date of death		1905	Month Oct	Day 25	Age 74	Years 10
		Sex		Female		Color or Race		White
		Occupation				Birth-place		Baltimore City
						Where Residing if not at place of death		
		Married, Single or Widowed		Widow		Name of Wife or Husband		James Talbott
		Father's Name		Frederick Pickens		Father's Birthplace		Balto, Md
Mother's Maiden Name		Unknown		Mother's Birthplace				
Name of person giving information		A. F. Talbott		How related to deceased		Son		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Fall from Window		How long		
		Immediate		Concussion of Brain		How long		
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				
		Accident or Suicide?		Address				
		Sinner usually - yes		A. F. Talbott		M. H. Talbott		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sotomono Ind</i>		Town <i>Calvert</i>		County	
Date of death <i>1905</i>		Month	Day	Age <i>About 28</i>	Years
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place			
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Unmarried</i>		Name of Wife or Husband			
Father's Name <i>Unmarried</i>		Father's Birthplace			
Mother's Maiden Name <i>Unmarried</i>		Mother's Birthplace			
Name of person giving information <i>James L. Brown</i>		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Supposed to be drowned</i>	How long
Immediate	<i>(172)</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of <i>Coroner J. H. Hila</i>
		Address <i>Sotomono Ind</i>
Accident or Suicide?		

